

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below beneath my name. I believe I am the original, first and sole inventor (if only one is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled \_\_\_\_\_

**A device attached on bicycles for walking dogs**

the specification of which

(check one) \_\_\_\_\_ is attached hereto.

\_\_\_\_\_ was filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the content's of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application (s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or invention certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application (s)Priority Claimed

(Number)	(Country)	(Day/Month/Year Field)	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)

Serial or Patent No.: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

For: \_\_\_\_\_

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27 (b))-INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and trademark Office with regard to the invention entitled: \_\_\_\_\_

{ } the specification filed herewith  
{ } application serial no. \_\_\_\_\_ filed \_\_\_\_\_  
{ } patent no. \_\_\_\_\_ issued \_\_\_\_\_

I have not assigned, granted, conveyed, or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which could not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

{ } no such person, concern, or organization  
{ } persons, concerns or organizations listed below:

\* Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME **CHENG-CHUAN CHEN**

ADDRESS **P.O. Box 697, Feng-Yuan City, Taichung Hsien, Taiwan 420, R.O.C.**

( ) INDIVIDUAL ( ) SMALL BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

Please Post Office Address: \_\_\_\_\_



BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

\_\_\_\_\_

BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

To: **P.O.Box 697,  
Feng-Yuan City,  
Taichung Hsien,  
Taiwan 420 R.O.C.**

is application or patent, notification  
loss of entitlement to small entity  
of paying, the earliest of the issue  
the date on which status as a small  
entity (37 CFR 1.28 (b))

made herein of my own knowledge are true  
and that all statements made on information and belief are believed to be  
true; and further that these statements were made with the knowledge that  
willful false statements and the like so made are punishable by fine or  
imprisonment, or both under section 1001 of Title 18 of the United States  
Code, and that such willful false statements may jeopardize the validity of the  
application, any patent issuing thereon, or any patent to which this verified  
statement is directed.

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

**CHENG-CHUAN CHEN**

Signature of Inventor

Signature of Inventor

Date

Signature of Inventor

Date

**Jul. 24, 2003**

SEND CORRESPONDENCE TO: \_\_\_\_\_

DIRECT TELEPHONE TO: \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the application or any patent issued thereon.

Full name of sole or first inventor: CHENG-CHUAN CHEN

Inventor's signature Chen Cheng-Chuan

(Date) Jul. 24, 2003

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Full name of second inventor, if any \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_

(Date)

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of third inventor, if any \_\_\_\_\_

Third Inventor's signature \_\_\_\_\_

(Date)

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of fourth inventor, if any \_\_\_\_\_

Fourth Inventor's signature \_\_\_\_\_

(Date)

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_